

**PRINT in BLACK ink**

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>	<i>For Official Use</i>     <b>Motion for and Notice of New (De Novo) Hearing</b>
Check marriage or paternity. If paternity, enter initials of child.	<b>In re the</b> <input type="checkbox"/> <b>Marriage</b> <input type="checkbox"/> <b>Paternity of:</b> _____  <b>Petitioner/Joint Petitioner-Wife:</b>  _____ First name Middle name Last name _____ Current Mailing Address (Street, City, State and Zip)	
Enter the name and address of the petitioner. If joint petitioners, enter the name of the wife.	and <b>Respondent/Joint Petitioner-Husband:</b>  _____ First name Middle name Last name _____ Current Mailing Address (Street, City, State and Zip)	
Enter the name and address of the respondent. If joint petitioners, enter the name of the husband.		
Enter the case number.		
Enter the name of the other spouse/parent.	<b>To: Name</b> _____	
Enter the date {month, day, year} that the order was signed, the name of the circuit court commissioner who granted the order, and mark the boxes that describe the issue(s) you want heard again.	I request a new hearing on the following issues decided on _____ by Circuit Court Commissioner _____: <input type="checkbox"/> <b>Child Support/Maintenance/Family Support</b> <input type="checkbox"/> <b>Legal Custody/Physical Placement</b> <input type="checkbox"/> <b>Property</b> <input type="checkbox"/> <b>Other</b> _____	
Check 1 or 2. If 1, attach a copy of the signed order.	1. <input type="checkbox"/> I have attached a copy of the signed Order from the above hearing date. 2. <input type="checkbox"/> I have not yet received a copy of the signed Order from the above hearing.	
<b>For Court Use Only:</b> The Clerk will complete this section.	The De Novo Hearing is scheduled: Before: _____ Circuit Court Judge Location: _____ _____ Date: _____ Time: _____ a.m./p.m.	

**If you need help in this matter because of a disability, please call:**

Sign and print your name.
Enter the date on which you signed your name.
<b>Note:</b> This signature does not need to be notarized.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Date

**Note: A copy of this request must be served by mail on all other parties who appeared at the original hearing.**